

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

A Mystery Solved?

TO THE EDITOR: Dr Elliott B. Oppenheim, in his book review in the January issue,¹ mentioned that the title of *Mnemonics, Rhetoric and Poetics for Medics* by Drs Robert L. Bloomfield and E. Ted Chandler made no sense as a mnemonic, but I suspect it may in fact be a very subtle—even medieval—allusion.

Those of us who attended university during the Middle Ages recall that the seven liberal arts were divided into the *quadrivium*—arithmetic, music, geometry and astronomy—and the *trivium*—grammar, rhetoric and logic. Might not mnemonics, rhetoric and poetics be an allusion to grammar, rhetoric and logic? (Etymologists insist that the word “trivia” is *not* derived from the latter division of the medical curriculum.)

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REFERENCE

1. Oppenheim EB (reviewer), Bloomfield RL, Chandler ET: *Mnemonics, Rhetoric and Poetics for Medics*, book review. West J Med 1983 Jan; 138:127

Emergency Care in Albuquerque

TO THE EDITOR: The article by Dr Charles Bova (“The ‘Request for Proposal’ Approach to Designation of a Trauma Center”)¹ in the January 1983 issue presents several viewpoints with which many Albuquerque physicians strongly disagree.

It is readily conceded that designation of a trauma center (at whatever level) in the rural areas of our state will likely reduce the rural trauma death rate. However, the need for and the supremacy of a single Albuquerque institution as a trauma center in Albuquerque, for the Albuquerque metropolitan area, has not been clearly established and was so indicated in the site visit team’s recommendation. Many physicians feel strongly that the University of New Mexico Hospital offers little, if any, advantage over some other area hospitals with respect to ability to manage trauma. These physicians feel that the selection of UNM Hospital as a “trauma center” was based on bureaucratic bias and was politically motivated. As an example of bias, Dr Bova’s statement that “Emergency services at the other regional hospitals are to be continued for minor trauma” is untrue. In reality, the Selection Committee stated that “the current pattern of trauma referral was not to be disrupted.” UNM Hos-

pital was given the responsibility to provide outreach education for the region; it was not given responsibility for all trauma patient care.

Although Dr Bova’s article contains some valid concepts, many of us involved in emergency care in Albuquerque feel strongly that only one side of a complex issue was presented.

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REFERENCE

1. Bova CM: The ‘Request for Proposal’ approach to designation of a trauma center (Health Care Delivery). West J Med 1983 Jan; 138:120-125

Amanita phalloides Poisoning

TO THE EDITOR: Having followed *Amanita phalloides* literature for several years, combined with our own experience at Stanford, qualifies us to compliment the recent article by Kent R. Olson and co-workers¹ and amplify on three of its points.

First, we concur from personal experience and literature review that thioctic acid is probably of no additional benefit in the treatment of *Amanita* poisonings.

Second, all of our fatalities at Stanford over the past ten years had blood culture confirmation of associated Gram-negative bacteriemia. In treating critically ill patients who have eaten mushrooms, one has to constantly be aware of this potentially lethal complication.

Last, Dr D. Costantino’s group at the University of Milan have published several well-controlled studies in the European literature during the past several years on the mechanisms of *Amanita* toxin clearance. Utilizing radioimmunoassay techniques, amatoxin renal clearance curves and enterohepatic circulation patterns have been clearly defined. Application of this information to patient care in Milan has greatly enhanced survival rates and provided some scientific basis to the recommended treatment for the patients who have eaten *Amanita phalloides* mushrooms.

Until a true antidote can be found, we would agree with Costantino’s recommendations. In the face of normal renal function, forced diuresis should be continued for the first 36 hours following admission. Concomitantly, to interrupt the enterohepatic circulation of the amatoxin, charcoal is given by mouth hourly along with cathartics such as lactulose through the same 36-hour period. If the patient is a transfer patient and the